

**Office of Public Carrier
 Delaware Transit Corporation
 119 Lower Beech Street STE 100
 Ph: 1.800.652.3278 Prompt 7 • Fax: (302) 577.1042**

Amend Temporary Rate Change-Certificate of Public Convenience and Necessity Application

Section 1: Type of Operations	
Filing Fee: No Charge	***Temporary Rate Change Not To Exceed 90 Days***
Docket #	
Type of Service	<input type="checkbox"/> Taxi <input type="checkbox"/> Limousine <input type="checkbox"/> Charter Bus <input type="checkbox"/> Non-Emergency Medical <input type="checkbox"/> Fixed Route
Current # of vehicles	
Service Territory	<input type="checkbox"/> Sussex County <input type="checkbox"/> Kent County <input type="checkbox"/> New Castle County <input type="checkbox"/> Statewide <input type="checkbox"/> Custom-describe below
If Custom, explain	

Print or Type Only

Section 2: Applicant Information	
Ownership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corp (LLC) <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership (LLP)
Applicant's Name (If Corp., use bus. name)	
Trading As	
Mailing Address	
Location of Records (Not P.O. Box)	
Contact Name	
Federal I.D. No.	
Social Security No. (If applying as Sole Prop.)	
Business Phone No.	
Business Fax No.	
Cell Phone No.	
E-Mail Address	

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Section 3: Proposed Rate Changes

Letter of Intent

Please provide a written statement, on company letterhead and addressed to the Audit & Compliance Operations Manager at least 30 days prior to the intended proposed rate change, which addresses the need for the proposed rate change and the date the proposed rate change would go into effect. This letter must be posted in the carrier's place of business at least 30 days prior to the intended proposed rate change.

Please label as **Attachment A**

Section 4: Current Rate Schedule

Please submit a copy of the current rates charged by your company on company letterhead.

Please label as **Attachment B**

Section 5: Proposed Rate Schedule

Please submit a copy of the proposed rates to be charged by your company on company letterhead. This document must be typed, and on company letterhead. It must clearly identify the information that a customer needs to determine the charge for transport to and from a particular destination. Temporary rate change not to exceed 90 days. In addition, only vehicles equipped with a taximeter can utilize a per mile rate.

Please label as **Attachment C**

Section 6: Public Notice

Carrier must publish in a statewide newspaper, two different days on two consecutive weeks and one column width to include:

- Carrier Name
- Carrier Address
- Carrier Phone Number
- Carrier Docket Number
- Old Rates Charged
- New Rates to be Charged
- Date New Rates would take effect

Please provide the Office of Public Carrier Regulation with original copies of the newspaper column, showing the date the circulation was printed.

Please label as **Attachment D**

Section 7: Certified Filing of Application

Have all persons employed by/involved with the company named in this application, and therefore responsible for Public Carrier activities conducted by this company, read and understood the Public Carrier Law as it pertains to Public Carrier requirements (2 Del C. c. 18), and do these persons understand ALL of its provisions? Yes No

Sign a copy of PC-16 Record Keeping Certification and label as **Attachment E**

Before signing, please read the following statement carefully: Any false or substantive omission of information may be cause for rejection of application, or revocation of license (if license approval has been granted).

I, certify under penalty provided by law, that the statements made and the information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative

Date

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For Office Use Only

Reviewer: _____ Date: _____

Approved for Intervention: Yes No

Yes Intervention Ends: _____ Intervention Received: Yes No

If No Intervention Received:

Office of Public Carrier Regulation Signature: _____

Approval: Yes No Date: _____

Chief of Fraud / Investigation Unit Signature: _____

Approval: Yes No Date: _____

Comments: _____

Complete this section if intervention is received by another carrier:

Hearing Date: _____

Hearing Officer Signature: _____

Approval: Yes No Date: _____

Office of Public Carrier Regulation Signature: _____

Approval: Yes No Date: _____

Chief of Fraud / Investigation Unit Signature: _____

Approval: Yes No Date: _____

Comments: _____

Approved Docket Number Issued: _____

Date Certificate Issued: _____